

Docket No.: PF-0482-2 DIV

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 16, 2003.

By: _____

Printed: _____

Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tang et al.

Title: HUMAN SMN-LIKE PROTEIN

Serial No.: 10/658,434

Filing Date: September 08, 2003

Examiner: To Be Assigned

Group Art Unit: To Be Assigned

Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard; and
2. Preliminary Amendment (7 pp.).

The fee has been calculated as follows:

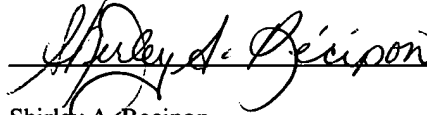
Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	19	-	20	=	0	x\$18.00		\$ 0
Indept.	2	-	3	=	0	x\$86.00		\$ 0
First Presentation of Multiple Dependent Claims:						+290.00		\$ 0
Total Fee:								\$ 0

X No additional Fee is required.

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE CORPORATION



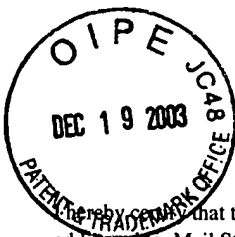
Shirley A. Recipon

Reg. No. 47,016

Direct Dial Telephone: (650) 621-8555

Date: December 16, 2003

3160 Porter Drive
Palo Alto, California 94304
Phone: (650) 855-0555 or Fax: (650) 845-4166



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tang et al.

Title: HUMAN SMN-LIKE PROTEIN

Serial No.: 10/658,434

Filing Date: September 8, 2003

Examiner: To Be Assigned

Group Art Unit: To Be Assigned

Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Please amend the above-referenced application as follows: